

U.S. Department of Justice
Civil Rights Division
Coordination and Review Section



COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Coordination and Review Section. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1.* State your name and address.

Name: _____

Address: _____

Zip _____

Telephone No: Home: (_____) _____ Work: _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____

Zip _____

Telephone: _____

Home: (_____) _____

Work: (_____) _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

Any _____

Address: _____

Zip _____

Telephone _____

OMB No. 1190-0008
Expires: 01/31/2011

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

☒ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

☒ Age: _____

____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

Home

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone No: _____